

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>04/13/05</u>		2 Serial/Patent # <u>10/786,380</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
<input checked="" type="checkbox"/>	Petition	—	7/15/04	\$ 130							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
10 REASON:		7 TOTAL AMOUNT OF REFUND		\$ 130							
		8 TO BE REFUNDED BY:									
		Treasury Check									
Overpayment		<input checked="" type="checkbox"/>	Credit Deposit A/C #:								
Duplicate Payment			9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">0</td> <td style="width: 20px;">8</td> <td style="width: 20px;">--</td> <td style="width: 20px;">0</td> <td style="width: 20px;">3</td> <td style="width: 20px;">8</td> <td style="width: 20px;">0</td> </tr> </table>		0	8	--	0	3	8	0
0	8	--	0	3	8	0					
<input checked="" type="checkbox"/> No Fee Due (Explanation):		<u>No drawings are necessary for filing date purposes</u>									
11 REFUND REQUESTED BY: <u>C. T. Donnell</u>											
TYPED/PRINTED NAME: <u>C. T. Donnell</u>			TITLE: <u>Pet. Attorney</u>								
SIGNATURE: <u>C. T. Donnell</u>			PHONE: <u>272-3211</u>								
OFFICE: <u>4700</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>Oliver Kelly</u>			DATE: <u>4-13-05</u>								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**